

www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 109400022		CITY OR TOWN SEEKON	IK		
APPLICATIO	N FOR RENEWAL:	Seasonal	LICENSED FOR	2013		
		CLASS		YEAR		
DOING BUSI	AME: ALEX'S INC. NESS A 20 FALL RIVER AVE.					
CITY/TOWN:	SEEKONK	STATE: MA	ZIP CODE: 02771			
MANAGER:	KIAMOS, TYI ALEXANDROS K.	PE OF LICENSE:Res	taurant CATEGORY	: Wine and Malt Regular		
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS			
DESCRIPTION	N OF LICENSED PREMIS	SES:				
ONE FLOOR; DCELLAR.	DINING ROOM, KITCHEN, '	THREE LAVS., OFFIC	E, STOCKROOM, TWO EXITS	. NO		
I hereby certify	and swear under penalties	of perjury that:				
1. the	renewed license will be of	the same type for the	same premises now licensed;			
2. the	licensee has complied with	all laws of the Comm	nonwealth relating to taxes; and	d		
3. the	premises are now open for	business (If not expla	in below)			
SIGNED BY:						
	Individual, Partner	or Authorized Corpo	rate Officer			
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:		
				(Note: NOT Individual Social Security Number)		
Acts of 2004,	signed by the building in	spector and the head	e certificate required by Cha l of the fire department for th rance required by Chapter 1	ne above		
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUT	HORITY		
APPROVED:			By:			
DISAPPROVE						
(If disapproved	l explain)					
DATE:						



www.mass.gov/abcc

# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 109400071		CITY OR TOWN	SEEKONK	
APPLICATION FO	OR RENEWAL	: Seasona	l LICENS	13	
		CLASS	S		YEAR
LICENSEE NAME	E: BJ INNOVA	ATION DEVELOPME	NT INC.		
DOING BUSINES	S A VINTAGE	E FINE WINE & BEER	1		
ADDRESS 346 TA	AUNTON AVE	NUE			
CITY/TOWN: SE	EKONK	STATE:	MA ZIP CODE:	02771	
	DELL JR., BERT A.	TYPE OF LICENSE	E:Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
I hereby certify and  1. the rene  2. the licer	F LICENSED P OF 109,000 SQ F I swear under pe wed license wil usee has complie	T WITH ONE MAIN ENemalties of perjury that:  I be of the same type for	TRANCE AND EXIT AND or the same premises now Commonwealth relating to	licensed;	L EXITS
SIGNED BY:	Individual,	Partner or Authorized (	Corporate Officer		
DATE:	TELE	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	] [] olain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 109400072		CITY OR TOWN	N SEEKONK	<b>C</b>
APPLICATION FO	R RENEWAL:	Seasonal	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	K & G GROUP LLC				
DOING BUSINESS	A LUMS ROAST BEE	F SHOP			
ADDRESS 717 FAI	LL RIVER AVENU				
CITY/TOWN: SEE	EKONK	STATE: MA	ZIP CODE:	02771	
MANAGER: DUA	ARTE, JO-ANN TYPE (	)F LICENSE:Re	staurant (	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR E	MAIL ADDRESS		_
	LICENSED PREMISES				
	KE OUT SANDWICH SHO		TRANCE AND ONE	EEXIT	
•	swear under penalties of				
	ved license will be of the		=		
	see has complied with all		· ·	to taxes; and	
3. the premi	ises are now open for bus	iness (If not expl	ain below)		
SIGNED BY:	Individual, Partner or A	Authorized Corp	orate Officer		
	11101 / 101011, 1 0111101 01 1	Turiorize Corp.			
DATE:	TELEPHONE N	пімрер.	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELETHONE N	OWIDER.		ndividual Social S	
Acts of 2004, signe	ed, attest that we are in p d by the building inspec (2) the certificate of liqu	ctor and the hea	d of the fire depai	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [					
(If disapproved expl	ain)				
			-		
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400073	C	ITY OR TOWN SEEKONK	<b>K</b>	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2	013	
	CLASS		YEAR	
LICENSEE NAME: TRANQUIL W	ATERS,INC.			
DOING BUSINESS A				
ADDRESS 1479 FALL RIVER AVE	NUE			
CITY/TOWN: SEEKONK	STATE: MA	ZIP CODE: 02771		
MANAGER: FERREIRA,JUNE	TYPE OF LICENSE: Gener premis		Wine and Malt Regular	
EMAIL ADDRESS:				
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMAIL	L ADDRESS		
DESCRIPTION OF LICENSED PRE				
5000 SQ. FT. DAY SPAWITH BOUTIQUEAR EXIT.	UE AND CAFÉ.2 FROMNT E	XITS AND TWO SIDE EXITS,	ONE	
I hereby certify and swear under pena	lties of perjury that:			
1. the renewed license will be	e of the same type for the same	me premises now licensed;		
2. the licensee has complied	with all laws of the Common	nwealth relating to taxes; and		
3. the premises are now open	for business (If not explain	below)		
SIGNED BY:				
Individual, Par	tner or Authorized Corporat	te Officer		
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
		(Note: NOT Individual Social S	Security Number)	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head of	f the fire department for the	above	
Please Check Below:		LOCAL LICENSING AUTH	ORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 109400074		CITY OR TOWN	SEEKONK		
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20	13	
		CLASS			YEAR	
LICENSEE NAME	: COMMOLI MA	NAGEMENT GROUP	INC			
DOING BUSINESS	S A DICKEY'S BA	RBEQUE PIT				
ADDRESS 20 CON	MERCE WAY					
CITY/TOWN: SE	EKONK	STATE: MA	ZIP CODE:	02771		
	MOLLI, T UGLAS	YPE OF LICENSE:Res	staurant Ca	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		-	
DESCRIPTION OF						
		N STRIP MALL. ONE F	RONT DOOR AND O	ONE BACK DO	OOR	
I hereby certify and	-	ies of perjury that: of the same type for the	sama promisas nom	liconcode		
		ith all laws of the Com	_			
	-	or business (If not expl	•	o taxes, and		
SIGNED BY:			0.00			
	Individual, Partn	ner or Authorized Corpo	orate Officer			
DATE:			EMBLOVE	A IDENTIFICATE	ION NUMBER	
DATE.	TELEPHO	ONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)		
Acts of 2004, signe	ed by the building i	are in possession (1) th inspector and the head of liquor liability insu	d of the fire depart	ment for the	above	
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: (If disapproved exp	lain)					
DATE:						



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 109400075		(	CITY OR TOW	N SEEKONK	X .
APPLICATION FO	OR RENEWAL	: Seasor	Seasonal LICENSED FOR 20.			013
		CLAS	SS			YEAR
LICENSEE NAME	: 822 FALL R	RIVER AVENUE LE	ASING (	CORP., INC		
DOING BUSINESS	S A CROSS RO	DADS CONVENIEN	CE			
ADDRESS 822 FA	LL RIVER AV	ENUE				
CITY/TOWN: SE	EKONK	STATE:	MA	ZIP CODE:	02771	
MANAGER: HA	SEOTES, METRIOS E.	TYPE OF LICENS	SE:Packa	age Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:					
I hereby certify and  1. the renev  2. the licen	swear under pe wed license will usee has complie	enalties of perjury that I be of the same type and with all laws of the pen for business (If no	t: for the sa e Commo	nme premises no		
SIGNED BY:	Individual, l	Partner or Authorized	Corpora	te Officer		
DATE:	TELE	PHONE NUMBER:			ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	] lain)			LOCAL LICEN By:	NSING AUTH	ORITY
DATE:						